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CONFIRMATION NO. 8559

SERIAL NUMBER 10/729,822	FILING OR 371(c) DATE 12/05/2003 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 980034.422C1
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 10/603,577 06/24/2003 ABN which claims benefit of 60/442,001 01/22/2003
 and claims benefit of 60/431,212 12/04/2002
 and claims benefit of 60/393,042 06/28/2002
MA

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 13	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>MA</i> Initials <i>MA</i>			

ADDRESS
00500

TITLE
 Compositions and methods for eliminating undesired subpopulations of T cells in patients with immunological defects related to autoimmunity and organ or hematopoietic stem cell transplantation

FILING FEE RECEIVED 919	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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